AMENDMENT(S) TO THE SPECIFICATION

Please replace the paragraph bridging pages 27-28 with the following rewritten paragraph:

It is particularly preferred according to the invention for erythropoietin, in all the uses, methods and compositions of the present disclosure, to be used in very small amounts which are below the amounts known to be employed, administering in particular in vivo, i.e. per patient, EPO doses of from 200 to 2 000 units (IU; international units)/week, preferably doses of from 500 to 2 000 IU/week, depending on the severity of the disorder and depending on renal function. The doses, provided according to the invention, of from 200 to 2 000 units (IU)/week and per patient, especially from 500 to 2 000 IU/week and per patient, are subpolycythemic doses, that is doses which do not lead to erythrocytosis with hematocrit values of more than 50%. The subpolycythemic doses provided according to the invention correspond to weekly doses of about 1 to 90 units (IU) of EPO/kg of body weight, in particular 1 to 45 IU of EPO/kg of body weight, or a comparable weekly dose of Aranesp of from ~~0.05~~ 0.005 to ~~20~~ 0.45 μg/kg of body weight, in particular ~~0.05~~ 0.005 to ~~10~~ 0.225 μg/kg of body weight. Aranesp is a doubly PEGylated EPO. The dose of from 200 to 2 000 units/week per patient, in particular from 500 to 2 000 IU/week and per patient, which is provided according to the invention for the treatment of diseases or pathological states associated with a dysfunction of endothelial progenitor cells is very low compared with the initial dose of 50-150 IU/kg of body weight/week (usually starting with 4 000-8 000 IU/week, but also considerably higher if the result of therapy is unsatisfactory) normally employed for the therapy of renal anemia.